

# Demographic Reporting Form

## Individual – Quarterly Totals

Positive Alternatives

Dates: ~~10/1/17 - 12/31/17~~ Grantee Name: ~~Women's Life Care Center~~

### 1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	0	1	3	10	5	3	2

### 2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown	Other (Father or Grandparent)
4	4	7	8	0	1

### 3. Client Marital Status:

Married	Not Married	Marital Status Unknown
12	10	2

### 4. Client Race:

Race: White	Race: African American	Race: African-American	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
5	11	0	0	8	0	0

### 5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
1	23	0

### 6. Client Type:

Mother	Father	Grandparent	Other
23	1	0	0